



Idaho EMS Bureau

TRAINING COURSE APPLICATION

Course Identification Label

Section 1: COURSE INFORMATION:

DATE: _____

Enrollment:

Open ☐

Closed ☐

LEVEL OF TRAINING:

Beginning Date: _____

Ending Date: _____

Total Hours: _____

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FIRST RESPONDER

☐

BASIC

☐

ADVANCED

Number of Students

TYPE OF COURSE:

☐

INITIAL

☐

REFRESHER

☐

OTHER _____

DAYS:

S

M

T

W

T

F

S

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SPONSORING AGENCY/INSTITUTION:

Name of Agency

Street Address

City

Zip Code

Contact Name

Phone

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COURSE LOCATION:

Name of Facility

Street Address

City

Zip Code

County

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CLINICAL FACILITIES:

Name of Facility

Street Address

City

Zip Code

Contact Name

Phone

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ADDITIONAL INFORMATION:

Primary Textbook

Edition

Instructor Reference Resource

Source of Training Equipment

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SECTION2: PERSONNEL INFORMATION

COURSE COORDINATOR:

Name

Mailing Address

City

Zip Code

Day Phone #

E-Mail Address

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MEDICAL DIRECTOR:

Name

Day Phone #

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PRIMARY INSTRUCTOR:

Name

Day Phone #

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ASSISTANT INSTRUCTORS:

Name

Day Phone #

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| | |

GUEST LECTURERS:

Name/Title

Day Phone #

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CLINICAL PRECEPTORS:

Name/Title

Day Phone #

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SECTION 3: SIGNATURE / AGREEMENTS

Course coordination agreement: I agree to serve as the course coordinator for this course and will adhere to the responsibilities of the course coordinator as listed in the *Training Standards Manual*.

Signature _____ Name _____ Date _____

Medical director agreement: I agree to serve as medical director for this course and will adhere to the medical director requirements as listed in the *Training Standards Manual*.

Signature _____ Name _____ Date _____